DEFENSE FINANCE AND ACCOUNTING SERVICE



P.O. BOX 182317 COLUMBUS, OHIO 43218-2317

DFAS-PTBFB/CO

April 6, 2006

MEMORANDUM FOR PERMANENT DUTY (PDT) TRAVELERS
HUMAN RESOURCE (HR) MANAGERS
HUMAN RESOURCE (HR) SPECIALISTS

SUBJECT: Permanent Duty Travel (PDT) Information

The enclosed information is provided to assist those employees performing PDT travel, and is intended to supplement the information provided by the servicing HR Office and our web site https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm. HR offices may find the enclosures helpful when explaining entitlements and preparing orders.

Enclosure 1 is a Frequently Asked Questions (FAQ) guide, to help you find answers in the Civilian PDT Pamphlet (located at the web site above), in addition to necessary points of contact and filing information.

At Enclosure 2 you will find our PDT Traveler voucher processing checklist. This checklist will assist you in submitting a complete, properly prepared/supported travel claim. Checklists for your Reviewer (Supervisor) and Approving Officer are also located on our web site.

Enclosure 3 includes sample forms showing how to complete your DD1351-2 voucher for the various types of entitlements, along with the supporting forms required.

If you have any questions regarding the filing of any PDT entitlement and/or content required in travel authorizations, please contact our travel customer service representatives at 1-(800) 756-4571, Option 4 or DSN 869-6331.

Director, Travel Operations

Enclosures: As stated

TRAVEL OPERATIONS - COLUMBUS

Frequently asked questions (FAQs) regarding Civilian Permanent Duty Travel (PDT) entitlements

Question: How do I file my PDT entitlement claims?

Answer: PDT entitlement claims may be submitted to Travel Operations Columbus (TOC) by fax to (614) 693-2463/DSN 869-2463, by email to <u>COL-TRAVEL-CLAIMS@DFAS.MIL</u>, by mail to the following address:

Defense Finance and Accounting Service DFAS-PTBFB/CO PO BOX 369015 Columbus, OH 43236-9015

or via FEDEX to:

DFAS-PTBFB/CO PCS TRAVEL 3990 E BROAD ST, BLDG 21 Columbus, OH 43213-1152

All claims may be faxed or emailed, please do not do both.

EFT sign up or change forms should be faxed to Ms. Carrie Parry at 614-693-2588. Direct Deposit is highly encouraged to speed up your payment process.

Question: How long will it take to process my PDT entitlement claim?

Answer: Once your claim is received in Travel Operations Columbus (TOC), our goal is to process it in 8 business days – to include calculating your entitlement and disbursement to your bank account.

Question: If I have questions regarding the calculation of my PDT payment, whom should I contact?

Answer: TOC has a knowledgeable customer service branch, to assist you with questions on entitlements, claim status and calculation review. TOC's toll-free number is 1-800-756-4571, option 4 or DSN 869-6331.

Answers to the following FAQs may be found in the DFAS Pamphlet for Civilian PDT, located on our web-site @ https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm on the pages listed:

Question: For what PCS entitlements may I receive an advance? Pages 3 & 4

Question: How do I request an advance of PDT entitlements? Page 3 **Question:** May I be authorized a househunting trip (HHT)? Pages 7 & 8

Question: What is the mileage rate for my privately owned conveyance (POC) when I drive it to my NDS? Page 10

Question: Do I receive per diem for driving to my NDS? Is per diem based on the location at which I lodge if an overnight stay is required? Pages 10 & 11

Question: May I be reimbursed for the shipment of my household goods (HHG)? What is the maximum weight that can be shipped? Pages 12-14

Question: What is the difference between the two methods of shipping HHGs? Pages 12 & 13 Question: May I be authorized TQSE? If I am authorized, what methods of reimbursement are available? Page 18

Question: What is the difference between the two types of TQSE? Pages 18-21

Question: Am I entitled to receive the miscellaneous expense allowance? Pages 22-24

Question: Am I entitled to receive compensation for expenses associated with the sale of my residence at the old duty station, purchase of a residence at my new duty station? What about costs incurred for breaking an unexpired lease at the old duty station? Pages 25-31

Question: What is the tax impact on PCS entitlements? Page 35 Question: What is Withholding Tax Allowance (WTA)? Page 36

Question: Do I get some of the taxes back that I had to pay on my move? Page 37

Guidance on what documents to submit with each type of PDT voucher can be found on the following pages:

RAT travel	Page 6
Enroute travel	Page 11
Househunting Trip	Page 8 & 9
TQSE	Page 20 & 21
POV Shipment	Page 17
HHG Shipment/Storage	Page 14
Miscellaneous Expense	Page 24
Unexpired Lease	Page 31
Real Estate	Page 31
Relocation Income Tax Allowance	Page 37

If you have additional questions or concerns, guidance is available in the Joint Travel Regulation (JTR) Vol II, chapters 4, 5, 7, 14, 15, 16, the DFAS Pamphlet for Civilian PDT, or visit our web-site for information on the items listed below:

Current processing dates

W-2 mailing dates

Date of receipt of RIT rates (to begin processing RITA claims)

A11 blank forms needed to file PCS claims

Processing checklists

TRAVELER'S CHECKLIST FOR CIVILIAN PERMANENT DUTY TRAVEL SETTLEMENT VOUCHERS

User. All civilian travelers submitting claims for PERMANENT DUTY.TRAVEL PDT/PCS claims are to be completed
within 5 working days of the completion of each portion of travel (i.e., House hunting, En route, 1st 30 TQSE days, etc.).
Purpose. This checklist should be used by the travelers to ensure their travel claims are proper, complete, and comply
with the intent of the order before submitting them to the reviewing/approving official for signature.
1The Travel Voucher (DD Form 1351-2 July 2004) must be prepared in ink, typewriter, or computer generated.
2Your original signature must be in block 20a, and dated in block 20b on the travel voucher.
3All information in blocks 1-9 and 11 of the travel voucher must be completed. Provide a duty phone number and
e-mail address. Does the administrative data i.e. name, ssn on the travel voucher agree with the orders? If not,
make administrative corrections and initial. If you are requesting payment via Electronic Funds Transfer, did you
include a completed Form DD2762?
4Are advances and/or accrued per diem payments listed in block 9? You must annotate "NONE" in block 9 if there
were no advances or partial payments. Do not indicate ATM cash withdrawals in block 9.
5Block 12 must be completed, indicating if dependent(s) traveled concurrent or delayed. If submitting for
reimbursement of your HHT, indicate if your spouse traveled on the HHT.
6. The itinerary in block 15a-15d must be completed using dates and not times, modes of travel, and reason for stops.
refer to the reverse page of the DD1351-2 for correct "modes of travel" and "reason for stop" codes.
7Is block 16 (POC Travel) checked if mileage is claimed? Examples of POC mileage are: to and from the airport, and to and
from the Permanent Duty Station (PDS). Indicate the number of people per POC, if more than one POC is authorized and used.
8Block 17 must be completed indicating the duration of your travel period.
9If filing for TQSE (AE), did you include both pages of a completed DFAS-CO FM148, to include the actual cost of
meals and indicating if the meals were commercial or home cooked? Did you attach receipts for any meal expense
of \$75 or more for one or more individuals?
10If filing for MEA, did you include the following statement in block 18 of the 1351-2: "I certify that I have
discontinued my residence at the old PDS and have established a residence at the new PDS.", along with the dollar
amounts being claimed? Did you indicate on the 1351-2, who actually relocated with you? If itemizing, did you
include receipts for expenses incurred and obtain the signature of the authorizing/approving official (AO), to
include the date in block 21a and 21b of the 1351-2?
11Is lodging claimed and supported by paid receipts (regardless of amount) or a certified statement attached
explaining why receipts are not available to include the name and address of the lodging facility, the dates the
lodging was obtained, whether or not others shared the room and the cost incurred? Did you include a copy of your
lease or rental agreement if you are renting an apartment?
12Are reimbursable expenses of \$75 or more claimed on the travel voucher and supported by a paid receipt or
certified statement explaining why receipts are not attached, when specific services were rendered or articles
purchased, and the unit price?
13If filing for your HHT and you traveled via air, did you include a copy of your airline receipt/air schedule?
14Exchange rate when foreign currency is involved must be indicated on the travel voucher. The traveler must
include the expense in both foreign currency and U.S. dollars.
15Was leave taken in conjunction with the travel? If so, was it annotated in the itinerary and in block 29, Remarks
Section?
16If you are filing for Real Estate expenses, you must include a completed/approved DD1705-in blocks 18&20 or 19
& 20, a purchase or sales contract, a copy of the signed settlement statement and receipts for items paid outside
of closing
17If you are filing for a RIT Allowance did you include: copies of all W-2 forms for your earned income (to include
spouses' if you are filing a joint return) for the applicable year, IRS FM1099 for Military retired pay, a completed
RIT Allowance Status Certification Form, a 1351-2 claiming the RIT Allowance with the required signatures?
18If you are filing for HHG Shipment/Storage, did you include: Proof of gross, tare and net weight, paid commercial
bill of lading if moved by a commercial mover, a paid rental truck receipt-all itemized receipts for expenses
incurred due to the move, paid storage receipts showing dates, where stored, and rates billed?
19Are there specific items not in the original order that require and amended order or the authorization and signature
of the Approving Official? If yes, are the items properly claimed and necessary receipts attached?
20Are the required orders and all amendments(to include the accounting citation, reverse side of 1614 and/or
continuation page), receipts, statements, certifications, etc., attached to the travel claim and is the claim reasonable
and consistent with the mission?
21You must forward your completed travel voucher and supporting documentation to your supervisor/reviewing
official for signature and date in block 20c and 20d of the 1351-2, if your agency requires.
Edition: October 2005, Travel Operations Columbus



DIRECT DEPOSIT AUTHORIZATION

(Please read Instructions on back before completing this form.)

Form Approved OMB No. 0730-0004 Expires Oct 31, 2000

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gallering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Detents, Washington Headquistiers Services, Directorate for Information Operations and Reports (0730-0004), 1215 Jefferson Davis Highway, Salte 1204, Afriggion, VA 22024-4302, Respondents should be aware that notwithstanding any offer provision of tow, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.

PRIVACY ACT STATEMENT AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulletin No. 95-07, E.O. 9397, DoD *Financial Management Regulation", Volume 5. PRINCIPAL PURPOSES: This form authorizes direct deposits of net payments, travel payments, and allotments to financial institutions to which payment is to be directed. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure to provide requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION 1. NAME OF EMPLOYEE/MEMBER/ANNUITANT (Last, First, Middle) 2. ORGANIZATION DFAS Columbus Smith, Joe S. 3. HOME ADDRESS OF EMPLOYEE/MEMBER/ANNUITANT (Street, Apartment Number, City, State, ZIP Code) 123 Main St. Columbus, OH 43213 4. SOCIAL SECURITY NUMBER 6. HOME TELEPHONE NUMBER 5. WORK TELEPHONE NUMBER (Include Area Code) (Include Area Code 123-45-6789 SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION 7. TYPE OF ACCOUNT (X as appropriate) 8. TYPE OF PAYMENT (X only one) ALLOTMENTS CHECKING NET PAY TRAVEL SAVINGS OTHER PAYMENTS (Specify) 10. NEW ALLOTMENT AMOUNT 9. FOR ALLOTMENT ONLY (X as appropriate) (Employees only) CHANGE CANCEL NOTE: When applicable, a voided personal check/share draft must be attached. If a voided personal check/share draft is not attached, items 11 through 14 must be completed. 11. ROUTING TRANSIT NUMBER (RTN) 12. ACCOUNT NUMBER 88888899999 13. ACCOUNT TITLE (See Instructions) Joe S. Smitt 14. FINANCIAL INSTITUTION TELEPHONE NUMBER a. NAME (Inçlude Area Code) c. ADDRESS (Street, Suite Number, City, State, ZIP Code) 456 Money St. Columbus, OH **SECTION III - AUTHORIZATION** 15. EMPLOYEE/MEMBER/ANNUITANT SIGNATURE 16. DATE

DD FORM 2762, OCT 1997 (EG)

LOCAL REPRODUCTION AUTHORIZED.

Exception to SF1199A approved by Department of Treasury (FMS) (May 1996)





INSTRUCTIONS FOR PREPARING DD FORM 2762

FURPOSE

You may use this form to provide instructions for processing your net pay, travel payments, or allotments (including third-party allotments). This form is NOT intended for court-ordered gamishments or tax levies.

Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

NOTE: Continue to use the ACH Vendor/ Miscellaneous Payment Enrollment Form (SF 3881) to process vendor payments.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION (Items 1 - 6)

You must complete Items 1 through 6 after carefully reading the Instructions and the Privacy Act Statement.

You must keep the agency informed of any address change to remain qualified for payment.

Item 2 - Organization. The name of the Department, Activity, and Office Code you are employed/assigned.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

Item 7 - Type of Account. Place an "X" in the appropriate box to indicate if you want your payment to be sent to a checking or savings account.

Item 8 - Type of Payment. Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

Item 9 - For Allotment Only. Place an "X" in the appropriate box to indicate if you want to start, change, or cancel an allotment.

Item 11 - Routing Transit Number (RTN). This is the financial institution's nine-digit RTN to which payment is to be directed. If depositing to a check/share draft account, enter the number printed on the lower left hand corner of your personal check/share draft.

NOTE: If the check/share draft includes "Payable Through" under the bank name, on your personal check/share draft, contact the financial institution to obtain the correct RTN or Direct Deposit.

Item 12 - Account Number. The account number (can be less than 17 digits) to which payment is to be directed. If depositing to a check/share draft account, this number is usually located at the bottom of your personal check/share draft following the RTN. NOTE: Do NOT include the check number which is usually located at the top left hand corner or top middle of your personal check/share draft, following account number.

Item 13 - Account Title. The name on the account at the financial institution to which payment is to be directed. If depositing to a check/share draft account, the name is usually located at the top left hand corner or top middle of your personal check/share draft.

Item 14 - Financial Institution. The name, address, and telephone number of the institution to which payment is to be directed. NOTE: If a copy of a voided personal check/share draft is attached, Items 11 through 14c are not required to be completed.

SECTION III - AUTHORIZATION

Items 15 and 16 - Signature and Date. You must sign and date this form before the authorization can be processed.

FOR CHANGES:

You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. If you are changing the financial institution to which payment is to be directed, we recommend that the accounts be maintained at both financial institutions until the new institution received your Direct Deposit payment.

FOR CANCELLATIONS:

This authorization will remain in effect until you cancel by providing a written notice to the DoD agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

DD FORM 2762 (BACK), OCT 1997

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BANKAN PROPERTY CONTROL

EMPLOYEE AGREEMENT FOR REPAYMENT OF EXCESS WITHHOLDING TAX: ALLOWANCE (WTA)*

OPTION A: If you anticipate that your Federal Withholding Tax Rate (FWTR) will be 25 percent or greater, WTA will be computed using a rate of 33.33 percent, and you should not be in an overpaid status upon the computation of your Relocation Income Tax (RIT) Allowance.

OPTION B: If you anticipate that your FWTR <u>will not be more than 15 percent</u>, WTA will be computed using a rate of 17.6471 percent, and you should not be in an overpaid status upon the computation of your RIT allowance.

AGREEMENT: I hereby agree to:

- a. Repay any excess amount of WTA paid to me in any Year 1** immediately upon computation of the RIT claim or within 30 days of issuance of the indebtedness letter.
- b. Submit the required certified tax information and claim for my RIT allowance within 120 days, unless an extension is granted by the commanding officer or designee of the DoD component concerned, after the close of Year 1.

I also understand that failure to comply with this requirement will preclude the DoD component's payment of the WTA. The entire WTA will be considered an excess payment if the RIT claim is not submitted timely to settle the RIT account, and the WTA will be due in full within 30 days of issuance of an indebtedness letter.

Please check only 1 box:

X	Elect WTA as Option A
	Elect WTA as Option B
	I decline any payment of WTA
	Joe S. Smith
	SIGNATURE OF EMPLOYIE
	Joe 3. Smith
	PRINTED NAME OF EMPLOYEE
	January 20, 2006
	DATI

DEFINITIONS:

*WITHHOLDING TAX ALLOWANCE: WTA is calculated in Year 1, to cover the employee's Federal tax withholding obligation each time covered moving expenses are made that result in a Federal tax withholding obligation.

**YEAR 1: The calendar year in which reimbursement or payment for moving expenses is made to, or for, the employee under the provisions of The Joint Travel Regulations (JTR), Volume II, Chapter 16, Paragraph C16000. If an employee's reimbursement for moving expenses is spread over more than one year, he/she will have more than one Year 1.

DFAS-CO Form 62 Rev: March 14, 2005 SAMPLE



Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use TRAVEL VOUCHER OR SUBVOUCHER pencil. If more space is needed, continue in remarks. SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are 1. PAYMENT Electronic Fund Transfer (EFT) required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ SAMPLE HHT Payment by Check 2. NAME (Last, First, Middle Initial) (Print or type) 3. GRADE 4. SSN 5. TYPE OF PAYMENT (X as applicable) SMITH, JOE S. **GS11** 123-45-6789 TDY Member/Employee 6. ADDRESS. a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE PCS Other 123 MAIN ST. **COLUMBUS** 43213 OH Dependent(s) DLA e. E-MAIL ADDRESS JOE, SMITH@DFAS.MIL 7. DAYTIME TELEPHONE NILMBER & 18. TRAVEL ORDER/AUTHORIZATION 10. FOR D.O. USE ONLY 7. DAYTIME TELEPHONE NUMBER & 9. PREVIOUS GOVERNMENT PAYMENTS/ D.O. VOUCHER NUMBER DFAS-1148 AREA CODE (614) 693-1111 **ADVANCES** 11. ORGANIZATION AND STATION b. SUBVOUCHER NUMBER 750.00 DFAS COLUMBUS OHIO 13. DEPENDENTS' ADDRESS ON RECEIPT OF 12. DEPENDENT(S) (X and complete as applicable. c. PAID BY ORDERS (Include Zip Code) ★ UNACCOMPANIED ACCOMPANIED 134 GOLDEN WAY C. DATE OF BIRTH OR MARRIAGE a. NAME (Last, First, Middle Initial) b. RELATIONSHIP SAN FRANCISO, CA 01234 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? d. COMPUTATIONS YES NO (Explain in Remarks) 15. ITINERARY REASON FOR STOP LODGING POC b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) a. DATE 2006 COST MILES TRAVEL DEP RESIDENCE SAN FRANCISO, CA 01/02 TP 01/02 ARR AD 750.00 DEP COLUMBUS, OH 01/11 TP 01/11 ARE MC RESIDENCE SAN FRANCISO, CA DEP ARF DEP ARR DEP ARR DEP SUMMARY OF PAYMENT ARR Per Diem DEP (2) Actual Expense Allowance ARR Mileage 16. POC TRAVEL (X one) OWN/OPERATE **PASSENGER** 17. DURATION OF TDY TRAVEL (4) Dependent Travel 18. REIMBURSABLE EXPENSES (5) DLA 12 HOURS OR LESS a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED Reimbursable Expenses 0.00 01/02 POV TO ARPT 10 MILES X .15 .50 Total MORE THAN 12 HOURS **BUT 24 HOURS OR LESS** 01/02 RENTAL CAR 375.00 Less Advance 01/10 RENTAL CAR GAS 55.00 0.00 (9) Amount Owed MORE THAN 24 HOURS 01/11 POV FR ARPT 10 MILES X .15 1.50 (10) Amount Due 01/11 PARKING AT ARPT 60.00 19. GOVERNMENT/DEDUCTIBLE MEALS LODGING TAX 01/11 75.00 b. NO. OF MEALS a. DATE b. NO. OF MEALS 20.a. CLAIMANT SIGNATURE b. DATE c. SUPERVISOR SIGNATURE d. DATE YOUR SIGNATURE HERE 01/12/06 YOUR SUPERVISOR SIGNATURE HERE 01/13/06 21.a. APPROVING OFFICER SIGNATURE b. DATE YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS ATE SIGNE 22. ACCOUNTING CLASSIFICATION SAMPLE 23. COLLECTION DATA 24. COMPUTED BY 26. TRAVEL ORDER/ 25. AUDITED BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID **AUTHORIZATION POSTED BY**



ead Privacy Act Statement, Penalty Statement, and Instructions on back before TRAVEL VOUCHER OR SUBVOUCHER completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement 1. PAYMENT representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. ★ Electronic Fund Transfer (EFT) Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ SAMPLE ENF Payment by Check 2. NAME (Last, First, Middle Initial) (Print or type) 4. SSN 5. TYPE OF PAYMENT (X as applicable) SMITH, JOE S. 123-45-6789 GS11 TDY Member/Employee 6. ADDRESS. a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE PCS Other 43213 123 MAIN ST. **COLUMBUS** OH Dependent(s) DLA e. E-MAIL ADDRESS JOE, SMITH@DFAS.MIL 7. DAYTIME TELEPHONE NUMBER & 18. TRAVEL ORDER/AUTHORIZATION 10. FOR D.O. USE ONLY 9. PREVIOUS GOVERNMENT PAYMENTS/ 7. DAYTIME TELEPHONE NUMBER & D.O. VOUCHER NUMBER DFAS-1148 AREA CODE (614) 693-1111 ADVANCES 11. ORGANIZATION AND STATION b. SUBVOUCHER NUMBER 0.00 DFAS COLUMBUS OHIO 13. DEPENDENTS' ADDRESS ON RECEIPT OF c. PAID BY 12. DEPENDENT(S) (X and complete as applicable) ORDERS (Include Zip Code) ACCOMPANIED UNACCOMPANIED 134 GOLDEN WAY c. DATE OF BIRTH OR MARRIAGE b. RELATIONSHIP a. NAME (Last, First, Middle Initial) SAN FRANCISO, CA 01234 SMITH, JANE P. WIFE 06/25/00 07/21/04 SMITH, SAM Q. SON 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? DAUGHTER 08/30/93 d. COMPUTATIONS SMITH, SAMANTHA Z YES X NO (Explain in Remarks) 15. ITINERARY REASON FOR STOP MEANS/ MODE OF TRAVEL POC MILES LODGING a. DATE 2006 b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) COST 01/15 DEP RESIDENCE SAN FRANCISO, CA PA AD 736 01/15 ARF 99.00 SALT LAKE CITY, UT DEP 01/16 PA 534 AD 01/16 ARF 126.00 DENVER, CO PA 01/17 DEP 01/17 ARR 593 85.00 KANSAS CITY, KS PA 01/18 AD 485 01/18 ARR 95.00 01/19 DEP INDIANAPOLIS, IN PA 01/19 ARF MC 174 GAHANNA, OH e. SUMMARY OF PAYMENT (1) Per Diem ARF DEP (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel 16. POC TRAVEL (X one) X OWN/OPERATE PASSENGER 17. DURATION OF TDY TRAVEL 18. REIMBURSABLE EXPENSES (5) DLA 12 HOURS OR LESS a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED Reimbursable Expenses 0.00 Total 01/16 **TOLLS** 6.50 MORE THAN 12 HOURS **BUT 24 HOURS OR LESS** Less Advance 0.00 (9) Amount Owed MORE THAN 24 HOURS (10) Amount Due 19. GOVERNMENT/DEDUCTIBLE MEALS b. NO. OF MEALS b. NO. OF MEALS a. DATE a. DATE d. DATE 20.a. CLAIMANT SIGNATURE ъ. DATE c. SUPERVISOR SIGNATURE YOUR SIGNATURE HERE 01/20/06 YOUR SUPERVISOR SIGNATURE HERE 01/21/06 21.a. APPROVING OFFICER SIGNATURE b. DATE YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS ATE SIGNE 22. ACCOUNTING CLASSIFICATION SAMPLE 23. COLLECTION DATA a a shakeyay ta ba 26. TRAVEL ORDER/ 28. AMOUNT PAID 27. RECEIVED (Payee Signature and Date or Check No.) 24. COMPUTED BY 25. AUDITED BY **AUTHORIZATION POSTED BY**



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CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)

(SUB-VOUCHER)

(SUB-VOUCHER)
EMPLOYEE NAME: JOE S. SMITH SSN: 123-45-6789GRADE: 65-11 NEW DUTY STATION: DFAS Columbus, OH DATE REPORTED FOR DUTY: 1/19/06 DATE VACATED OLD RESIDENCE: EMPLOYEE 1/15/06 DEPENDENTS 1/15/06 DATE OCCUPIED NEW RESIDENCE: EMPLOYEE 1/19/06 DEPENDENTS 1/19/06 NAME(S) OF DEPENDENT(S) INCLUDED IN CLAIM (Show only eligible members of family included in travel authorization (DD1614)). Smith, Jane P Wife Smith, Samantha Z Daughter Smith, Sam Q - Son
INSTRUCTIONS
Al. expenses will be itemized and only actual expenses claimed. Home meal cost will be accumulated and averaged for all meals prepared at home.
If expenses claimed are for temporary quarters occupied at different locations by the employee and dependent(s), use separate expense itemization sheets for each location. Temporary quarters occupied at other than the old or new duty station location requires approval by the order approving official based on a determination that such occupancy is justified.
If any other claim has been made for temporary quarters expenses in connection with this PCS move, explain. Attach copy of paid voucher if claim has been paid.
If separate claim has been made for PCS travel from old to new duty station, explain. Attach copy of paid voucher if claim has been paid.
If official temporary duty travel was performed during the temporary quarters subsistence expense or foreign allowance reimbursement claim period, explain. Attach copy of paid voucher if claim has been paid.
Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.
Receipts are required for lodging expenses and any single expense of \$75 or more to include meal expense for one or more individuals.
Additional Notes:
SAMPLE
EMPLOYEE SIGNATURE: 901 S. Smith DATE: 2/18/06
DFAS-CO FM 148, Sep 97 (REVISED)



TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE) WORKSHEET

DAY MM/DD/Y Emp Dep City, State Cost ** Breakfast ** Lunch ** Dinner Coin Other Amount 1 /1/9/2006 1 3 GAHANNA, OH \$86.90 C \$24.98 C \$27.62 C \$37.92 S 177.42 2 /1/20/2006 1 3 GAHANNA, OH \$86.90 C \$23.98 C \$32.762 C \$37.92 S 177.42 2 /1/20/2006 1 3 GAHANNA, OH \$86.90 C \$23.98 C \$32.80 C \$43.50 S 221.97 4 /1/22/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 S 122.90 S 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 S 1/23/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 S 1/25/200 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 22.90 S 1/25/200 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 1/25/200 S 1/25/200 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 1/25/200 S 1/25/200 S 1/25/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 1/25/200 S 1/25/2006 S 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 1/25/200		Date	Pers	ons	Lodging*			Mea	LC	ost Incl Tip)S		Laui	ndry	ח	aily Total
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8 1/26/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 9 1/27/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 10 1/28/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 150.90 11 1/29/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 12 1/30/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 13 1/31/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 122.90 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 26.50 \$ 149.40 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 122.90 21 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 146.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 146.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 146.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 28.00 \$ 122.90 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 28.00 \$ 122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 28.00 \$ 122.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$ 149.40 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$ 149.40 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$ 149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12	6	1/24/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Η	\$12.00	Η	\$12.00		\$24.00	\$	146.90
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14 2/1/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 15 2/2/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$ 149.40 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$ 149.40 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 \$ 122.90 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 \$ 122.90 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 \$ 146.90 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 \$ 142.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 24.00 \$ 122.90 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.00 S 122.90	12	1/30/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
15	13	1/31/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Ξ	\$12.00	Η	\$12.00		\$26.50	\$	149.40
16 2/3/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.90 17 2/4/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$149.40 18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$24.00 \$146.90 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$24.00 \$146.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 23 2/10/2006 1 3 GAHANNA, OH	14	2/1/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Ξ	\$12.00	Н	\$12.00		,	\$	122.90
17	15	2/2/2006	1	3	GAHANNA, OH	\$86.90	H	\$12.00	H	\$12.00	Н	\$12.00			\$	122.90
18 2/5/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 20 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 146.90 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 26.50 S 149.40 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 512.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 512.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S 515.00 S 5154.40	16	2/3/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
19 2/6/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 2/7/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 24.00 \$ 146.90 21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 150.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ 122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$ \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$1.50 S \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S \$1.50 S \$1.50 S	17	2/4/2006	1	3	GAHANNA, OH	\$86.90	Η	\$12.00	Н	\$12.00	Н	\$12.00	\$26.50		\$	149.40
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21 2/8/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S \$122.90 22 2/9/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S \$122.90 23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$150.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H	19	2/6/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
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23 2/10/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S28.00 \$122.90 24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$150.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$	21	2/8/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
24 2/11/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$28.00 \$150.90 25 2/12/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$26.50 \$149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$154.40	22	2/9/2006	1	3	GAHANNA, OH	\$86.90	Η	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
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26 2/13/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S2.00 \$122.90 27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$26.50 \$149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$152.90	24	2/11/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00	\$28.00		\$	150.90
27 2/14/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S26.50 \$149.40 28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$122.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$31.50 \$154.40	25	2/12/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
28 2/15/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 S12.90 29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 S12.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$31.50 \$154.40	26	2/13/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
29 2/16/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$122.90 30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 \$31.50 \$31.50 \$154.40	27	2/14/2006	1	3	GAHANNA, OH	\$86.90	H	\$12.00	Н	\$12.00	Н	\$12.00		\$26.50	\$	149.40
30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$31.50 \$ 154.40	28	2/15/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
30 2/17/2006 1 3 GAHANNA, OH \$86.90 H \$12.00 H \$12.00 H \$12.00 \$31.50 \$ 154.40	29	2/16/2006	1	3	GAHANNA, OH	\$86.90	Н	\$12.00	Н	\$12.00	Н	\$12.00			\$	122.90
TOTAL FOR THIS PERIOD \$ 4,116.45		2/17/2006	1	3	GAHANNA, OH	\$86.90	H	\$12.00	Н	\$12.00	Н	\$12.00	\$31.50		\$	154.40
			_		тот	AL FOR THIS	PE	RIOD							\$	4,116.45

Signature

YOUR SIGNATURE

Date DATE SIGNED

Note: "Laundry" Coin - cost of washer/dryers, laundry soaps etc.

Other - Dry cleaning expenses

Use this space for additional explanations (show periods of TDY or other deviations during period of temporary quarters).

THIS IS AN EXAMPLE/FOR INFORMATIONAL PURPOSES ONLY

GROCERIES PURCHASED 1/21/06 - \$ 280.15 GROCERIES PURCHASED 1/28/06 - \$224.38 GROCERIES PURCHASED 2/4/06 - \$206.02 GROCERIES PURCHASED 2/11/06 - \$261.45 TOTAL OF \$972.00 / 81 MEALS = \$12.00-AVERAGE COST OF HOME COOKED MEAL PLEASE NOTE: RETAIN ALL GROCERY AND COMMERCIAL MEAL RECEIPTS EVEN IF UNDER \$75 AND ALWAYS CLAIM ACTUAL COSTS. DO NOT INCLUDE NON-FOOD ITEMS, ALCOHOL AND SNACKS WHEN AVERAGING GROCERY EXPENSES; AS THEY ARE NOT REIMBURSABLE.



^{*}Receipts are required for Lodging expenses and any single expense of \$75 or more to include any meal expense for one or more individuals.

^{**}Indicate in box, type of meal. "C" for commercial meals, "H" for home prepared meals.



Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use TRAVEL VOUCHER OR SUBVOUCHER pencil. If more space is needed, continue in remarks. SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement 1. PAYMENT representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are Electronic Fund Transfer (EFT) required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ SAMPLE REAL Payment by Check 2. NAME (Last, First, Middle Initial) (Print or type) 3. GRADE 4. SSN 5. TYPE OF PAYMENT (X as applicable) SMITH, JOE S **GS11** 123-45-6789 TDY Member/Employee 6. ADDRESS. a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE PCS Other **COLUMBUS** 123 MAIN ST. OH 43213 Dependent(s) DLA e. E-MAIL ADDRESS JOE SMITH@DFAS.MIL 7 DAYTIMF TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION 10. FOR D.O. USE ONLY 7. DAYTIME TELEPHONE NUMBER & 9. PREVIOUS GOVERNMENT PAYMENTS/ D.O. VOUCHER NUMBER DFAS-1148 AREA CODE (614) 693-1111 **ADVANCES** 11. ORGANIZATION AND STATION SUBVOUCHER NUMBER 0.00 DFAS COLUMBUS, OH 13. DEPENDENTS' ADDRESS ON RECEIPT OF 12. DEPENDENT(S) (X and complete as applicable, c. PAID BY ORDERS (Include Zip Code) ACCOMPANIED ★ UNACCOMPANIED 134 GOLDEN WAY, b. RELATIONSHIP a. NAME (Last, First, Middle Initial) SAN FRANCISO, CA 01234 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? d. COMPUTATIONS YES NO (Explain in Remarks) 15. ITINERARY d. REASON MEANS/ LODGING POC b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) a. DATE 2006 MILES COST DEP ARR DEP ARF DEP ARF DEP ARF DEP ARF DEF e. SUMMARY OF PAYMENT ARF (1) Per Diem DEP Actual Expense Allowance (2)ARR (3) Mileage **PASSENGER** 16. POC TRAVEL (X one) 🛛 🗶 OWN/OPERATE 17. DURATION OF TDY TRAVEL (4) Dependent Travel 18. REIMBURSABLE EXPENSES (5) DLA 12 HOURS OR LESS a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED (6) Reimbursable Expenses 0.00 2/18/06 PURCHASE OF RESIDENCE 6,858.95 (7) Total MORE THAN 12 HOURS **BUT 24 HOURS OR LESS** (NEW PDS) (8) Less Advance Amount Owed 0.00 (9) MORE THAN 24 HOURS (10) Amount Due 19. GOVERNMENT/DEDUCTIBLE MEALS b. NO. OF MEALS b. NO. OF MEALS a. DATE a. DATE 20.a. CLAIMANT SIGNATURE c. SUPERVISOR SIGNATURE b. DATE d. DATE YOUR SIGNATURE HERE 02/19/06 YOUR SUPERVISOR SIGNATURE HERE 02/20/06 21.a. APPROVING OFFICER SIGNATURE b. DATE YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS ATE SIGNE 22. ACCOUNTING CLASSIFICATION SAMPLE 23. COLLECTION DATA 26. TRAVEL ORDER/ 24. COMPUTED BY 25. AUDITED BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID **AUTHORIZATION POSTED BY**

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

an original and one conv. of the Poimburger nt for Real Estate Sale and/or Purchase. DD Form 1705. Complete all blocks in P

1. Prepare an original and one could be could be could be completed at the could be completed at the could be completed at the could be c	mounts and tot equired supporti uments are not a bvoucher, DD F	als in Columns (1) and (2 ing documents, e.g., sale returned. Sign and date orm 1351-2, along with	2) of Par es agree in the a the origi	t V, on ment be oplicable inal DD	the back etween be e Employ Form 17	of this form. uyer and seller, settleme ee Certification block. 05 and copies of suppor	nt state	ment, etc.					
PART I - EMPLOYEE INFORMATI													
1. NAME (Last, First, Middle Initial)	1	2. SOCIAL SECURITY NO.	3.	MAILING	G ADDRES	S (Include ZIP Code)							
SMITH, JOE S.		123-45-6789		3 MAI									
4. WAS A REAL ESTATE CLAIM PRI	EVIOUSLY SUBMI	TTED FOR EXPENSES FOR				H 43213		l					
THIS PCS TRANSFER? (X one)	YES	X No			_ 00, 01			1					
PART II - TRANSFER INFORMAT	ION		· · ·										
5. YOUR NOTIFICATION DATE OF	6. OLD DUTY	STATION LOCATION		[7. NEW D	UTY STATION LOCATION							
THIS TRANSFER (YYYYMMDD) 2005/12/20	SAN FRAN	NCISO, CA			COLUM	IBUS, OH							
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2005/12/20		9. DATE TRANSPORTATION (YYYYMMDD) 2005.		EMENT S	SIGNED	10. DATE REPORTED FOR STATION (YYYYMMD)							
PART III - RESIDENCE INFORMA	TION	a. PROPERTY AT O	LD DUTY	STATIO	N	b. PROPERTY AT N	EW DUT	STATION					
11. COMPLETE RESIDENCE ADDRES	i					123 MAIN ST. COLUMBUS, OH 43	3213						
12. NUMBER OF DWELLING UNITS ONE													
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD) 2006/02/18													
14. SALE AND/OR PURCHASE PRICE \$ \$ 287,900.00													
15. TOTAL EXPENSES CLAIMED		\$				\$ 6,858.95							
EMPLOYEE CERTIFICATION(S)													
16. SALE OF OLD RESIDENCE I certify that the amounts claime sale represent only amounts actually in my name and/or a member of my primary residence when I was first do	paid by me, that immediate family,	title to the property was and that this was my	l cer purchase property	tify that represe	the amour ent only and name and	RESIDENCE nts claimed in Part V in conj nounts actually paid by me, d/or a member of my immed	and that	title to the					
a. EMPLOYEE SIGNATURE		b. DATE (YYYYMMDD)	a. EMP	LOYEE S	SIGNATUR	E	b. DAT	E (YYYYMMDD)					
			YOUR	SIGN	ATURE	,	DA7	TE SIGNED					
-		MANAGEMENT											
1. For Sales and Purchases: Se and copies of the supporting doc 2. Submit the original DD Form to the appropriate payment appr	nd the original louments to the 1705 and copie oving official in	Reimbursement for Real official designated to appear of the supporting doct the paying office.	Estate S prove the	ale and	or Purch	ase Closing Cost Expens of the expenses itemize	es, DD ed in Pa	Form 1705, t V.					
PART IV - MANAGEMENT APPR	OVAL INFORMA						DV 01514	DUTY OTATION					
18. SALE EXPENSES The sale expenses claimed in Page 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	art V are	19. PURCHASE EXPENSE The purchase expense	-	d in Part	V are	20. PAYMENT APPROVAL							
approved as being reasonable in amount and customarily paid by a seller in the locality where the customarily paid by a buyer in the locality where the													
AS CLAIMED AS CLAIMED If amount approved is less than amount claimed,													
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DD FORM 1705, OCT 20	02	PBEVIOUS.			SOLETE	MIKO VING OFFIC	arst 1.	1111					



PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION

DOTT STATION	TOTAL AMO	DUNTS PAID
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$	\$ 596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except Item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
 b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal. 		\$ 300.00
c. FHA OR VA APPLICATION FEE	\$	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$	\$ 7.50
 e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA 	\$	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$	\$ 79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$	\$ 2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 0.00	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 6,858.95

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- 2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.





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RELOCATION INCOME TAX (RIT) ALLOWANCE STATUS CERTIFICATION FORM

Permission for Use of Data And Certificate of Authenticity

I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the **2006** tax year.

Gross Compensation as shown on attached, IRS Form (s) W-2, 1099 (s) showing *non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

Employee Spouse	Forms \$ 63.6 \$ 42.6	743.00	Forms 1 \$	A	\$ \$	ule SE N/A N/A	
(if filing joint) Filing Status: (Specify the fi	y) Mai	rried	PTotal (A	All colum 9 10	ns) \$ /C	<u> 25,12</u> 6	2.00
(Specify the fi	ling stat d filing j	us item tha	t was (or wi	ll be) cla	imed on IRS	Form 10	040, i.e.
Tre Printed Name	<u>る。</u> of Emp	5mit	h				

STATE TAX RETURNS Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location.

However, in very <u>limited</u> circumstances, the employee may be subject to state taxes in two states at the new location. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and <u>both taxed the employee's RIT income</u> — without either of these states allowing an adjustment or credit for this double taxation.

If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate — otherwise, it is based on the sum of the tax rates for both states at the new location.

List below the name (s) of the state (s) which taxed your non-deductible moving expense reimbursements for this tax year.

State

N/A State

Sample

Test Form, LTTB Feb 96 Page 1

LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of all localities and the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. Please contact your local tax authorities if you are unsure of these items.

 $\begin{array}{c|cccc}
\underline{Locality} & \underline{Percent} & \underline{Type of Tax} \\
\hline
N/H & N/H & N/H
\end{array}$

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DoD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with one copy of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested.

I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government.

Employee's Signature Orle 1. Smith Date 2/10/07

Spouse's Signature Orle 1. Smith Date 2/10/07

(If joint tax returns were filed for year(s) affected)

Social Security Number 123-45-6789 987-65-432/

Employee Spouse (if applicable)

PRIVACY ACT STATEMENT Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employees' identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide the information listed on this form will make it impossible for DFAS-FTP/CA to compute the allowance.

SAMPLE

Test Form LTTB Feb 96 Page 2

TRAVEL VOUCHER OR SUBVOUCHER							completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.												
1. PAYMENT SPLIT DISBURSEMENT: The Paying Office will paying travel charges for transportation, lodging							direct	ly to the	e Govern	nment	Travel Charg	e Card (G	FCC) c	ontra	ctor the po				
X Electro	fer (EFT) required to designate a payment that equals the total of the							and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are f their outstanding government travel card balance to the GTCC contractor. Sement directly to the Government Travel Charge Card contractor: SAMPLE REA											
	ent by Check			g amour	nt of this r					he G	overnment	Travel Ch							
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7. DAYTIME	E TELEPHONE I	NUMBER &	8. TRAVEL 0	ORDER/A	UTHORIZAT	ION	9. PR	REVIOUS	S GOVER	RNME	NT PAYMEN	TS/	a.	D.O. \	VOUCHER	NUMBER	₹		
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11. ORGANIZATION AND STATION						$\neg \neg$	0.00 b. SUBVOUCHER NUMBER												
DFAS COLUMBUS, OH							40 DEPENDENTS! ADDRESS ON PROPERT OF												
12. DEPENDENT(S) (X and complete as applicable)						13. DEPENDENTS' ADDRESS ON RECEIPT OF C. PAID BY ORDERS (Include Zip Code)													
	ACCOMPANIED X UNACCOMPANIED					BIRTH	I												
a. NAME ((Last, First, Mic	st, First, Middle Initial) b. RELATIONSHIP C. DATE OF BIRTH OR MARRIAGE						SAN FRANCISO, CA 01234											
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REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I,

 Attach one complete set of replease submit copies as the doc Submit Travel Voucher or Suyour supervisor. Retain a copy 	equired support uments are not ibvoucher, DD F	ing documents, e.g., sale returned. Sign and date form 1351-2, along with	es agreer in the ar the origi	ment bety oplicable l inal DD Fe	ween be Employ orm 17	uyer and seller, settleme ee Certification block. 05 and copies of suppor	ting doc			
PART I - EMPLOYEE INFORMAT		nication and the originals	or an se	apporting	docum	ents for your personal in	163.			
1. NAME (Last, First, Middle Initial) SMITH, JOE S.		2. SOCIAL SECURITY NO. 123-45-6789 3. MAILING AI				RESS (Include ZIP Code)				
4. WAS A REAL ESTATE CLAIM PF THIS PCS TRANSFER? (X one)	125 1411 111 51.				H 43213					
PART II - TRANSFER INFORMAT	YES	X NO								
5. YOUR NOTIFICATION DATE OF		STATION LOCATION	····	7.	NEW D	UTY STATION LOCATION				
THIS TRANSFER (YYYYMMDD) 2005/12/20	NCISO, CA		MBUS, OH							
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2005/12/20	9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD) 2005/12/20				10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD) 2006/01/19					
PART III - RESIDENCE INFORMA	TION	a. PROPERTY AT O	STATION	b. PROPERTY AT NEW DUTY STATION						
11. COMPLETE RESIDENCE ADDRES	134 GOLDEN WAY SAN FRANCISO, CA	ļ								
12. NUMBER OF DWELLING UNITS	10									
13. CLOSING OR SETTLEMENT DA	TE (YYYYMMDD)	2006/								
14. SALE AND/OR PURCHASE PRIC	E	\$ 862,000.00		\$						
15. TOTAL EXPENSES CLAIMED		\$ 61,916.20			\$					
EMPLOYEE CERTIFICATION(S)					·					
16. SALE OF OLD RESIDENCE I certify that the amounts claims sale represent only amounts actually in my name and/or a member of my primary residence when I was first of a. EMPLOYEE SIGNATURE	paid by me, that immediate family,	title to the property was and that this was my	tify that the represent	RESIDENCE Ints claimed in Part V in conjunction with the above mounts actually paid by me, and that title to the d/or a member of my immediate family and is my new RE b. DATE (YYYYMMDD)						
YOUR SIGNATURE		DATE SIGNED								
(To be reviewed/completed & 1. For Sales and Purchases: So and copies of the supporting do 2. Submit the original DD Form to the appropriate payment appropriate payme	end the original cuments to the 1705 and copie roving official in	Reimbursement for Real official designated to appear of the supporting document the paying office.	cial design Estate S prove the	<i>nated by</i> ale and/o e reasona	r Purch bleness	ase Closing Cost Expens of the expenses itemize	ses, DD ed in Par	Form 1705, t V.		
PART IV - MANAGEMENT APPR	ROVAL INFORM							D. 171/ 07 4 7 10 11		
18. SALE EXPENSES The sale expenses claimed in P approved as being reasonable in amcustomarily paid by a seller in the lo property is located.	ount and	19. PURCHASE EXPENSE: The purchase expense approved as being reasona customarily paid by a buye property is located.	ount and	20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$\frac{61,000.00}{}{}						
AS CLAIMED	AS CLAIMED			If amount approved is less than amount claimed, see attached memo.						
AS REDUCED (See attached m a. SIGNATURE	b. DATE	a. SIGNATURE	itacned m	b. DATE		a. SIGNATURE		b. DATE		
REVIEWER SIGNATURE	(YYYYMMDD) ATE SIGNE	a. Sidilarone		(YYYYM		AO SIGNATURE		(YYYYMMDD) ATESIGNE		
c. TITLE REVIEWING OFFICIAL TI		c. TITLE			c. TITLE APPROVING OFFICIAL TITLE					
DD FORM 1705, OCT 20	02	SAM	EDITION	US OBSC	OLETE.					



PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION

(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION \$ 51,720.00 \$ \$ 790.00	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
\$	
\$	
·	
\$ 790.00	
	\$
\$	
	\$
\$	\$
\$ 1,407.00	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$ 7,974.20	\$
\$ 25.00	\$
\$ 61,916.20	
	\$ 0.00
\$ \$ \$ \$ \$ \$ \$ \$ \$	5 1,407.00 6 25.00

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- 2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

